

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

12212-62-048770  
STATE FILE NUMBERDO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED JAN 10 1962

VS 300  
Rev. 4/59

1

2 20

3

4 0

5 1

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7 0

8 1

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11 80

12 73-3

13

73

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Louis, MissouriLength of stay in 1b  
2 hoursc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Anthony's HospitalInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
5915 LeonaReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Fred William Stenzhorn

## 4. DATE OF DEATH

Month Day Year  
December 17, 19625. SEX  
M6. COLOR OR RACE  
W7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
3-25-19029. AGE (last birthday)  
60IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Coal Dealer10b. KIND OF BUSINESS OR INDUSTRY  
Self-employed11. BIRTHPLACE (City and state or country)  
St. Louis, Mo.12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

Fred W. Stenzhorn

## 13b. MOTHER'S MAIDEN NAME

Ottillie Glatzel

## 14. NAME OF HUSBAND OR WIFE

Kathryn Stenzhorn

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv  
no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

Mrs. Kathryn Stenzhorn 5915 Leona

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Compound fracture of ribs ( multiple). laceration  
of Pleura, Hemorrhage, suffered when crushed  
between high lift scoop and truck while working  
in coal yard at 3810 Bates Str., about 8:00 A.M  
December 17th, 1962.Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)  
AccidentPART III. If deceased was female was  
there a pregnancy in last 90 days.  
☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT SUICIDE HOMICIDE  
☒ ☐ ☐20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
See above20c. TIME OF INJURY  
Hour Month, Day, Year  
8 a.m. 12-17-6220d. INJURY OCCURRED  
WHILE AT WORK ☒  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)  
Coal yard

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

St Louis, Mo

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her  
him alive on \_\_\_\_\_  
Death occurred at 12:30 p.m. \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

## (Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Cremation

## 23b. DATE

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

## 24. FUNERAL DIRECTOR

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

HOFFMEISTER COLONIAL MORTUARY

SAM

DEC 19 1962

Road Smith, M.D.

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Brian C. Branson

Licensed Embalmer No. 4764

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.